

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-006310

STATE FILE NUMBER

AMENDED

Registration District No. 123 Primary Registration District No. 3022 Registrar's No. 23

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		c. CITY OR TOWN <u>Pattonsburg</u>	
Length of stay in 1b <u>2 hr</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Noll Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>RFD 4</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Everett</u> Middle <u>Franklin</u> Last <u>Meadows</u>		4. DATE OF DEATH Month <u>February</u> Day <u>13</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-30-90</u>
9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (City and state or country) <u>Daviess County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Clark Meadows</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Belle Collison</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Opal Maize, Bethany, Mo.</u>		Address <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peripheral vascular collapse</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>Not Known</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>2/5/62</u> to <u>2/13/62</u> and last saw her/him alive on <u>2/13/62</u> Death occurred at <u>8:00 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. B. Tuttle</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Bethany, Mo.</u>	
22c. DATE SIGNED <u>2-15-1962</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-15-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Coffey</u>	
23d. LOCATION (City, town, or county) <u>Coffey, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>M. B. Haas, Bethany, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-15-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Gella Mapey</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. B. Haas
M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.